

Howenstein, Kim

From: "Inquisite Server" [administrator@myserver.com]
Sent: Wednesday, October 12, 2011 3:01 PM
To: GMB-QRA-AD-Managed Care
Subject: Response for Closed Door Identification

E-mail notification for survey response

Survey Title: Closed Door Identification Respondent Unique Key: INQ-20111012111352-228356338
Response Date: Wed, Oct 12, 2011 14:00:45

Page 1

Name of Sales Representative completing this form:

{Enter text answer}

[Jesse Kave]

How many Closed Door accounts are you responsible for?

{Choose one}

() 1

() 2

() 3

() 4

() 5

() 6

() 7

() 8

(*) 9

Acct Name 1:

{Enter text answer}

[Cabell Huntington Surgery Ctr]

DEA # 1:

{Enter text answer}

[AR2278845]

Distribution Ctr 1:

{Enter text answer}

[WHEELING 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

(*) Yes

() No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

() Hospitals

() Clinics (including 340B and PHS)

() Cardiac Catheterization Labs

- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☒ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☐ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☒ Other

Please specify:

{Enter text answer}

[Surgery Center]

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 2

Acct Name 2:

{Enter text answer}

[Access Health Mabscott]

DEA # 2:

{Enter text answer}

[FA1638343]

Distribution Ctr 2:

{Enter text answer}

[WHEELING 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 3:

{Enter text answer}

[Access Health Fayette]

DEA # 3:

{Enter text answer}

[FA0726868]

Distribution Ctr 3:

{Enter text answer}

[WHEELING 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals

- (*) Clinics (including 340B and PHS)
- () Cardiac Catheterization Labs
- () Physicians' Offices
- () Dentists
- () Blood Centers
- () Dialysis Clinics
- () Surgery Centers
- () Home Health Care Agencies
- () Infusion Centers
- () Hospice
- () None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- () Long Term Care / Nursing Homes
- () Home Infusion
- (*) 340-B / PHS
- () Prisons
- () Hospitals
- () Clinics
- () Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- () Yes
- (*) No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 3

Acct Name 4:

{Enter text answer}

[Access Health Pediatrics]

DEA # 4:

{Enter text answer}

[FA1415694]

Distribution Ctr 4:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- (*) Yes
- () No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- () Hospitals

- (*) Clinics (including 340B and PHS)
- () Cardiac Catheterization Labs
- () Physicians' Offices
- () Dentists
- () Blood Centers
- () Dialysis Clinics
- () Surgery Centers
- () Home Health Care Agencies
- () Infusion Centers
- () Hospice
- () None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- () Long Term Care / Nursing Homes
- () Home Infusion
- (*) 340-B / PHS
- () Prisons
- () Hospitals
- () Clinics
- () Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- () Yes
- (*) No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 5:

{Enter text answer}

[Access Health Glen Daniel]

DEA # 5:

{Enter text answer}

[FA0485373]

Distribution Ctr 5:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- (*) Yes
- () No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- () Hospitals
- (*) Clinics (including 340B and PHS)
- () Cardiac Catheterization Labs

- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 4

Acct Name 6:

{Enter text answer}

[Cabin Creek Health]

DEA # 6:

{Enter text answer}

[BW3469156]

Distribution Ctr 6:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs

- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 7:

{Enter text answer}

[Comm Health]

DEA # 7:

{Enter text answer}

[AM8335300]

Distribution Ctr 7:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists

- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 5

Acct Name 8:

{Enter text answer}

[Comm Health]

DEA # 8:

{Enter text answer}

[FA0132023]

Distribution Ctr 8:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists

- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 9:

{Enter text answer}

[HealthSouth Rehab Hosp]

DEA # 9:

{Enter text answer}

[BH3777046]

Distribution Ctr 9:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☒ Hospitals
- ☐ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics

- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☐ 340-B / PHS
- ☐ Prisons
- ☒ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

From: WinWatcher
To: GMB-QRA-CustomerVisit
Subject: WinWatcher: Proactive QRA Survey completed for DEA#BH3777046 - HEALTHSOUTH REHAB HOSPITAL
Date: Wednesday, September 26, 2012 2:37:43 PM

Attention QRA Team & Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link:[Go to survey detail in WinWatcher](#)

Survey ID:	2176	Threshold Event:	N
DEA #:	BH3777046	Account Number:	8-80843
Name:	HEALTHSOUTH REHAB HOSPITAL		
Address:	6900 WEST COUNTRY CLUB DR HUNTINGTON , WV 25705		
Contact:	JASON STROW	Telephone:	3047331060
ACC:	43		

Survey Status/Investigator

Survey Status:	100-Survey Completed		
Investigator:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:
Investigator Assignment:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:

Link:[Go to survey detail in WinWatcher](#)

Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations.	
Please indicate the amount of time (in hours) that were spent performing this survey (drive time, investigation, etc)	.25